APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



officer before opening the campaign account.				OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):										
Initial Filing of Form	Re-filing to Change:	П	reasur	er/Deputy	Depository		Office		Party	
2. Name of Candidate (in		3. Address (include post office box or street, city, state, zip								
April, Marie, Johnson-Spence				code) 8384 Valmora Street						
4. Telephone	5. E-mail address		Sp	ring Hill, FL	34608					
(727) 457-3242	AprilforHernando@g	mail.co	m							
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if							
District 2 Hernando County Comission			applicable:							
				My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a										
Write-In No Party Affiliation Republican Party candidate.										
9. I have appointed the following person to act as my										
10. Name of Treasurer or Deputy Treasurer										
Jennifer Monaco										
11. Mailing Address 12. Telephone							:			
13200 Tree	(412) 334-2800									
13. City	200 Treaty Road 14. County 15. S		tate 16. Zip Code 17. E-mail address							
Spring Hill	Hill Pasco FL		34610 Jennmonaco115@gmail.com							
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank			20. Address							
Capital City Bank			14302 Spring Hill Drive							
21. City	22. County			23. State			24. Zip Co	ode		
Spring Hill	Hernando			FL			34609			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.										
25. Date				26. Signature of Candidate						
3/25/2021				X						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, <u>Jenni Jer L. Mon a CO</u> , do hereby accept the appointment (Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
3/25/2/ Date X Signature of Campaign Treasurer or Deputy Treasurer										
Date	· (/	,Olgi lai	aro or garrigar	gii i i casaigi (J. Dopu	., iloasult	~ (